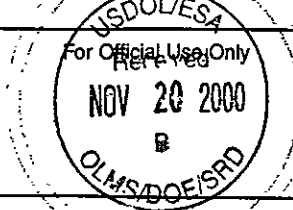


OG A

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  </div> <div> <p style="margin: 0;">READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.</p> </div> </div>												
<p style="font-size: small;">For Official Use Only</p> <p style="font-size: x-large; font-weight: bold; text-align: center;">NOV 20 2000</p> <p style="font-size: small; text-align: center;">OLMS/DOE/SPD</p>	<p>1. FILE NUMBER</p> <p style="font-size: large; font-family: monospace;">023-553</p>	<p>2. PERIOD COVERED</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">MO</td> <td style="text-align: center; font-size: small;">DAY</td> <td style="text-align: center; font-size: small;">YEAR</td> </tr> <tr> <td style="text-align: center;">From 07</td> <td style="text-align: center;">01</td> <td style="text-align: center;">1999</td> </tr> <tr> <td style="text-align: center;">Through 06</td> <td style="text-align: center;">30</td> <td style="text-align: center;">2000</td> </tr> </table>	MO	DAY	YEAR	From 07	01	1999	Through 06	30	2000	<p>3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:</p> <p>(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:</p> <p>(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:</p>
MO	DAY	YEAR										
From 07	01	1999										
Through 06	30	2000										
<p style="text-align: center; font-weight: bold; font-size: large;">IMPORTANT</p> <p style="margin-top: 20px;">Peel off the address label from the back of the package and place it here.</p> <p style="margin-top: 20px;">If the label information is correct, leave Items 4 through 8 blank.</p> <p style="margin-top: 20px;">If any of the label information is incorrect, complete Items 4 through 8.</p>		<p>8. MAILING ADDRESS (<i>Type or print in capital letters.</i>)</p> <p>First Name</p> <p style="font-size: large; font-family: monospace;">KEITH</p> <p>Last Name</p> <p style="font-size: large; font-family: monospace;">MINER</p> <p>P.O. Box • Building and Room Number (<i>if any</i>)</p> <p>Number and Street</p> <p style="font-size: large; font-family: monospace;">1217 PROUTY</p> <p>City</p> <p style="font-size: large; font-family: monospace;">TOLEDO</p> <p>State ZIP Code + 4</p> <p style="font-size: large; font-family: monospace;">OH 43609 -</p>										
<p>4. AFFILIATION OR ORGANIZATION NAME</p> <p style="font-size: large; font-family: monospace;">CARPENTERS AFL-CIO</p>		<p>6. DESIGNATION NUMBER</p>										
<p>5. DESIGNATION (<i>Local, Lodge, etc.</i>)</p> <p style="font-size: large; font-family: monospace;">LU 1138</p>		<p>7. UNIT NAME (<i>if any</i>)</p>										
<p>9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.)</p> <p style="text-align: center;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>												

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>Ronald R. Kothembuhler</u>	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>Keith A. Muni</u>	TREASURER (If other title, see instructions.)
<u>11 101 12000</u>		<u>11 108 12000</u>	
<u>(419) 248-4273</u>		<u>(419) 248-4273</u>	
Date	Telephone Number	Date	Telephone Number

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 975
19. What is the date of your organization's next regular election of officers? MO 06 YEAR 2004
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 50 000
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 6.75 / 15.00 per Month (Month, Year, etc.)
(b) Initiation Fees	\$ 60.00 / 300 / 350.00
(c) Transfer Fees	\$ N/A
(d) Work Permits	\$ N/A per (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) Yes No ☒
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 023-553

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
ASSETS	25. Cash		23,476	13,090
	26. Accounts Receivable			
	27. Loans Receivable	1		
	28. U.S. Treasury Securities		93,206	89,562
	29. Investments	2	163,862	172,508
	30. Fixed Assets	5		
	31. Other Assets	3		
	32. TOTAL ASSETS		280,544	275,160
LIABILITIES	33. Accounts Payable			
	34. Loans Payable	8		
	35. Mortgages Payable			
	36. Other Liabilities	4		
	37. TOTAL LIABILITIES			
	38. NET ASSETS (Item 32 less Item 37)		280,544	275,160

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 023-553

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues		157226	56. To Officers	9	6060
40. Per Capita Tax			57. To Employees	10	
41. Fees			58. Per Capita Tax		115449
42. Fines		3470	59. Fees, Fines, Assessments, etc.		2075
43. Assessments		2450	60. Office & Administrative Expense	13	7751
44. Work Permits			61. Educational & Publicity Expense ...		
45. Sale of Supplies			62. Professional Fees		850
46. Interest		3847	63. Benefits	11	
47. Dividends		2214	64. Contributions, Gifts & Grants	12	8584
48. Rents			65. Supplies for Resale		
49. Sale of Investments & Fixed Assets	6	12841	66. Direct Taxes		
50. Loans Obtained	8		67. Withholding Taxes		
51. Repayments of Loans Made	1		68. Purchase of Investments & Fixed Assets	7	
52. On Behalf of Affiliates for Transmittal to Them			69. Loans Made	1	
53. From Members for Disbursement on Their Behalf			70. Repayment of Loans Obtained	8	
54. Other Receipts	14	5562	71. To Affiliates of Funds Collected on Their Behalf		
			72. On Behalf of Individual Members ...		8949
			73. Other Disbursements	15	48278
55. TOTAL RECEIPTS		187610	74. TOTAL DISBURSEMENTS		197996

FILE NUMBER: 023-553

SCHEDULE 1 — LOANS RECEIVABLEForm LM-2 (Revised 2000)

SCHEDULE 2 — INVESTMENTS **(OTHER THAN U.S. TREASURY SECURITIES)**

FILE NUMBER: 023-553

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	172,508
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) <u>Paine Webber Investment Acct.</u>	172,508
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	172,508
Enter the Total from Line 7 in _____ Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in _____ Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in _____ Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 023-553

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment				
7. Other Fixed Assets				
8. Totals of Lines 1 through 7				

Enter the Total from Line 8, Column (D) in Item 30, Column (B)

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. Paine Webber Investment Account	132,022		144,863	12,841
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales 12,841	

Enter the Total from Line 8 in Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 023 - 553

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		
Enter the Total from Line 8 in			↑ Item 68

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in			↑ Item 34 Column (C)	↑ Item 50	↑ Item 70
			↑ Item 75 with Explanation	↑ Item 34 Column (D)	

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 023 - 553

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>			Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*						
Last Name: 1. ROTHENBUHLER First Name: RON Title: PRESIDENT Status: C			0	599			599
Last Name: 2. RAHN First Name: MICHAEL Title: VICE PRESIDENT Status: C			0	599			599
Last Name: 3. MAGUIRE First Name: PATRICK Title: FINANCIAL SECY Status: C			0	599			599
Last Name: 4. MINER First Name: KEITH Title: TREASURER Status: C			0	549			549
Last Name: 5. SZMANIA First Name: THOMAS Title: RECORDING SECY Status: C			0	599			599
Last Name: 6. ABBEGLYN First Name: TIMOTHY Title: TRUSTEE Status: C			0	599			599
Last Name: 7. HILDEBRAND First Name: THOMAS Title: TRUSTEE Status: C			0	599			599
8. Totals from additional pages (if any)			-0-	1,917	-0-	-0-	1,917
9. Totals of Lines 1 through 8			-0-	6,060	-0-	-0-	6,060
Enter the Total from Line 11 in Item 56 ➡					10. Less Deductions		
					11. Net Disbursements 6,060		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)


SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 023-553


(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
2. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
3. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
4. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
5. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates					
8. Totals of Lines 1 through 7					
9. Less Deductions					
Enter the Total from Line 10 in..... Item 57 ⇒			10. Net Disbursements		

SCHEDULE 11 — BENEFITS


FILE NUMBER: 023-553

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		
Enter the Total from Line 6  Item 63		

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
¹ Charitable Contributions	8,584
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	<u>8,584</u>
Enter the Total from Line 8 in  Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
¹ Office Supplies	4,138
² Workers Compensation	20
³ Investment Manager Fees	3,593
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	<u>7,751</u>
Enter the Total from Line 8 in  Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Reimbursements	5,562
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	5 562
Enter the Total from Line 17 in Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Membership Activities	23,589
2. Meetings	14,153
3. Mutual aid	4,455
4. Insurance	523
5. Refunds	270
6. Reimbursements	5,288
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	48 278
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME: Carpenters AFL-CIO Local Union 1138

ENDING DATE OF PERIOD COVERED: June 30, 2000

FILE NUMBER: 023-553

PAGE 1 OF 1 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>	(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: TAYLOR First Name: DANIEL Title: TRUSTEE Status: C			0	599			599
Last Name: TRAN First Name: TAI Title: CONDUCTOR Status: C			0	599			599
Last Name: WAGNER First Name: JOHN Title: WARDEN Status: C			0	599			599
Last Name: FARLEY First Name: JOHN Title: DELEGATE Status: C			0	120			120
Last Name: First Name: Title: Status:							
Last Name: First Name: Title: Status:							
Last Name: First Name: Title: Status:							
Last Name: First Name: Title: Status:							
Totals			- 0 -	1,917	- 0 -	- 0 -	1,917

ORGANIZATION NAME:

FILE NUMBER: _____

ENDING DATE OF PERIOD COVERED: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Totals						

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
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Totals					